

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Mr</i>	<i>62614</i>	<i>3/12/00</i>
O.I.P.E. CLASSIFIER	<i>Mr</i>	<i>2</i>	<i>3/12/00</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		<i>70619</i>	<i>5/11/00</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral).... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	9/12/03
2	✓	✓	12/18/99
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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